

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	1/20
FORMALITY REVIEW	C.T.	936	03/07/01
RESPONSE FORMALITY REVIEW	CK	1109	11/23-01

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

Claim	Date
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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5858-5085
11/22/01

INDEX OF CLAIMS

Claim		Date					Claim		Date				
Original							Final	Original					
151	10/2/80	10/2/80						126	10/2/80	10/2/80			
152								127					
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174								199					
175								200					

INDEX OF CLAIMS

Claim		Date		Claim		Date	
Original				Original			
201	✓			226	✓		
202				227			
203				228			
204				229			
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210				235			
211				236	✓		
212	✓			237			
213	✓			238			
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